Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| | Α | For the | 2010 calendar year, or tax year beginning , and ending | | | | | |
|---------------|---------------|-------------|---|--------------------|----------------------------|--|--|--|
| | | Check if | C Name of organization D Employer identification number | | | | | |
| | | Address | change | | | | | |
| | | Name ch | nange TEAM IOWA PAC | 26-3221550 | | | | |
| | П | Initial ret | urn Number and street (or P O box, if mail is not delivered to street address) Room/suite | E Telephone number | | | | |
| | | Termina | ted 400 LOCUST, STE. 330 | | | | | |
| | | Amende | d return City or town, state or country, and ZIP + 4 | F Group Exemption | | | | |
| | | Applicati | on pending DES MOINES IA 50309 | Numb | er 🕨 | | | |
| | G | Account | ng Method X Cash Accrual Other (specify) ▶ H Check ▶ | If the | organization is not | | | |
| | i | Website | | attach Sch | edule B | | | |
| | <u>J</u> | Tax-exe | mpt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or X 527 (Form 990, | 990-EZ, or | 990-PF) | | | |
| | K | Check > | If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$5 | 50,000 A | _ | | | |
| | | Form 99 | 0-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization | chooses | | | | |
| | | to file a ı | etum, be sure to file a complete return | | <u> </u> | | | |
| | L | Add line | s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, | | 100 (51 | | | |
| 2 | <u></u> | | column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | <u>▶</u> \$ | 100,651 | | | |
| 2012 | ₽ | art f | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct | ions for I | Part I.) | | | |
| 4 | | | Check if the organization used Schedule O to respond to any question in this Part I | | 100,651 | | | |
| 8 | | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 100,651 | | | |
| 5 | | 2 | Program service revenue including government fees and contracts | 2 | | | | |
| AUG | | 3 | Membership dues and assessments | 3 4 | | | | |
| | | 4 | Investment income | | | | | |
| | | 5a | Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5b | - | | | | |
| | | b | | | | | | |
| | | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events | 30 | | | | |
| उ | Ф | a | Gross income from gaming (attach Schedule G if greater than | | | | | |
| ଏଠ | eun | " | \$15,000) | . | | | | |
| COGGC SCANNED | ě | Ь | Gross income from fundraising events (not including \$ of contributions | 7 | | | | |
| • | , – | - | from fundraising events reported on line 1) (attach Schedule G if the | | | | | |
| \approx | | | sum of such gross income and contributions exceeds \$15,000) 6b | | | | | |
| Ç | ٠. | С | Less direct expenses from gaming and fundraising events 6c | | | | | |
| 7 | 4 | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | | | | | |
| Ş | \wedge | ľ | line 6c) | 6d | | | | |
| V | \mathcal{J} | 7a | Gross sales of inventory, less returns and allowances 7a | . | | | | |
| | | b | Less cost of goods sold | | | | | |
| 12 | | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | | |
| 2012 | | 8 | Other revenue (describe in Schedule O) | 8 | 100,651 | | | |
| 9 | _ | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 100,651 | | | |
| 7 | | 10 | Grants and similar amounts paid (list in Schedule O) | 10 11 | | | | |
| 5 | | 40 | Benefits paid to or for members Salaries, other compensation, and employee benefits RECEIVED | 12 | | | | |
| AUG | ses | 13 | Professional fees and other payments to independent contractors | 13 | 943 | | | |
| 9 | Expenses | 14 | Occupancy, rent, utilities, and maintenance | 14 | | | | |
| 9 7 | Ж | 15 | Printing, publications, postage, and shipping | 15 | 7,084 | | | |
| ~ | | 16 | Other expenses (describe in Schedule O) | 16 | 92,514 | | | |
| S | | 17 | Total expenses. Add lines 10 through 16 | ▶ 17 | 100,541 | | | |
| M | | 1-8 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 110 | | | |
| `k∳ Ø | Sets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | , | | | | |
| 6 | Assets | | end-of-year figure reported on prior year's return) | 19 | 67 | | | |
| 240 | , Ne | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | | | | |
| • | _ | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 177 | | | |
| | For | Paperw | ork Reduction Act Notice, see the separate instructions. | | Form 990-EZ (2010) | | | |

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| Form 990-EZ (2010) TEAM IOWA PAC | | 26 | -3221550 | | Page 2 |
|---|---|---|---|------------------|--|
| Part II Balance Sheets. (see the instr | uctions for Part II.) | | | | |
| Check if the organization used So | chedule O to respond to any | question in this F | art II <u></u> | · | |
| | | <u></u> | (A) Beginning of year | | (B) End of year |
| 22 Cash, savings, and investments | | | 6 | 7 22 | 177 |
| 23 Land and buildings | , | | | 0 23 | |
| 24 Other assets (describe in Schedule O) | | | | 0 24 | |
| 25 Total assets | | . | 6' | | 177 |
| 26 Total liabilities (describe in Schedule O) | | | | 0 26 | 0 |
| 27 Net assets or fund balances (line 27 of column | | , , | 6' | 7 27 | 177 |
| Part 脚 Statement of Program Servi | ice Accomplishments (s | ee the instruction | s for Part III.) | , | Expenses |
| Check if the organization used So | chedule O to respond to any | question in this F | art III X | Req (Req | uired for section |
| What is the organization's primary exempt purpose? | | | | 501(| c)(3) and 501(c)(4) |
| See Schedule O | | | | orgai | nizations and section |
| Describe what was achieved in carrying out the organ | nization's exempt purposes. In a | a clear and concise | manner, describe | 4947 | (a)(1) trusts, optional |
| the services provided, the number of persons benefit | ed, or other relevant information | n for each program | title | for of | thers) |
| 28 Influencing or attempting to influ | ence the selection, nom | ination, elect | ion, | | |
| or appointment of any individual to | o a federal, state or le | ocal office, o | r | | |
| office in a political organization | • | • • | | | |
| | ount includes foreign grants, ch | eck here | | 28a | |
| 29 | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| • • | | | | | |
| (Grants \$) If this am | ount includes foreign grants, ch | eck here | ▶ 🗀 | 29a | |
| 30 | | | | | |
| • • | • • | • | | | |
| | , | | | | |
| (Grants \$) If this am- | ount includes foreign grants, ch | eck here | ▶ □ | 30a | |
| 31 Other program services (describe in Schedule O | • • | | | | |
| | • • • | ook horo | ▶ | 31a | |
| (Grants \$) If this am | ount includes foreign grants, ch | CCK HCIG | | | |
| | ount includes foreign grants, ch a through 31a) | eck field | . ▶ | 32 | |
| Grants \$) If this am 32 Total program service expenses (add lines 28a Part V List of Officers, Directors, Trustee | a through 31a) | | ot compensated. (s | 32 | tructions for Part IV.) |
| 32 Total program service expenses (add lines 28a | a through 31a) s, and Key Employees. List ea | ach one even if n | Part IV | 32 ee the ins | |
| Part V List of Officers, Directors, Trustee Check if the organization used S | a through 31a) s, and Key Employees. List ea | ach one even if no question in this I | Part IV (c) Compensation | ee the ins | ns to (e) Expense |
| 32 Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustee | a through 31a) s, and Key Employees. List ea | ach one even if no question in this I | Compensation (If not paid, | 32 ee the ins | ns to (e) Expense plans & account and |
| Part V List of Officers, Directors, Trustee Check if the organization used S | a through 31a) s, and Key Employees. List ea | ach one even if no question in this I (a) Title and average hours per week | Part IV (c) Compensation (If not paid, em | ee the ins | ns to (e) Expense plans & account and |
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| Part V List of Officers, Directors, Trustee Check if the organization used S (a) Name and address Nick Ryan 400 Locust Street | a through 31a) s, and Key Employees. List eachedule O to respond to any Des Moines IA 50309 | ach one even if no question in this i (a) Title and average hours per week devoted to position Chair | Part IV (c) Compensation (If not paid, em | ee the ins | ns to (e) Expense plans & account and other allowances |
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Form **990-EZ** (2010)

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| Check if the organization used Schedule O to respond to any question 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," processing the description of each activity in Schedule O 34 Were any significant changes made to the organizing or governing documents? If "Yes," copy of the amended documents if they reflect a change to the organization's name. Other change on Schedule O (see instructions). 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (| orovide a detailed ' attached a conformed nerwise, explain the (among others), but not reported a section 501(c)(4), | 33 | Yes | No X |
|---|---|----------------|--------------|------------|
| description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," copy of the amended documents if they reflect a change to the organization's name. Oth change on Schedule O (see instructions) | attached a conformed nerwise, explain the (among others), but not reported a section 501(c)(4), | | les | |
| description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," copy of the amended documents if they reflect a change to the organization's name. Oth change on Schedule O (see instructions) | attached a conformed nerwise, explain the (among others), but not reported a section 501(c)(4), | | | Х |
| Were any significant changes made to the organizing or governing documents? If "Yes," copy of the amended documents if they reflect a change to the organization's name. Oth change on Schedule O (see instructions) | nerwise, explain the (among others), but not reported a section 501(c)(4), | | | |
| copy of the amended documents if they reflect a change to the organization's name. Oth change on Schedule O (see instructions) | nerwise, explain the (among others), but not reported a section 501(c)(4), | 34 | | |
| change on Schedule O (see instructions) | (among others), but not reported a section 501(c)(4), | 34 | | 1 |
| , , | a section 501(c)(4), | | | X |
| · · · · · · · · · · · · · · · · · · · | a section 501(c)(4), | | | |
| on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T | | | - 1 | 1 |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it | | | | |
| 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and pro- | | 35 <u>a</u> | _ | |
| b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | | 35b | | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposi | ition of net assets | | | |
| during the year? If "Yes," complete applicable parts of Schedule N | | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions | ▶ 37a | | | |
| b Did the organization file Form 1120-POL for this year? | | 37b | | ļ |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or | | | | ١ |
| any such loans made in a prior year and still outstanding at the end of the tax year cove | red by this return? | 38a | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | | | · · |
| 39 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on line 9 | 39a | | | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during | _ | | | |
| | ; section 4955 ► | - | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section | | | , | İ |
| transaction during the year, or did it engage in an excess benefit transaction in a prior ye | | 40b | | Ì |
| reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | 400 | · · · · | +- |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | | | | ` |
| organization managers or disqualified persons during the year under sections 4912, | _ | | , | . . |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | | — | | 1 |
| reimbursed by the organization | • | | | |
| e All organizations. At any time during the tax year, was the organization a party to a proh | nibited tax shelter | . | | |
| transaction? If "Yes," complete Form 8886-T | motion tax offens. | 40e |] ' | x |
| 41 List the states with which a copy of this return is filed None | • | <u> </u> | L | |
| 42a The organization's books are in care of ▶ Jill Latham | Telephone no ▶ | | | |
| 400 Locust Street | | • | | • |
| Located at ▶ Des Moines | IA ZIP+4 ▶ | 50309 | | |
| b At any time during the calendar year, did the organization have an interest in or a signal | ture or other authority | | | |
| over a financial account in a foreign country (such as a bank account, securities accour | | | Yes | |
| account)? | | 42b | | X |
| If "Yes," enter the name of the foreign country | | | 1 '` | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Repr | ort of Foreign Bank | | 1 | |
| and Financial Accounts. | | | | |
| c At any time during the calendar year, did the organization maintain an office outside of | the US? | 42c | L | X |
| If "Yes," enter the name of the foreign country | | | | _ |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 | I — Check here . | 1 | | ▶ |
| and enter the amount of tax-exempt interest received or accrued during the tax year | ▶ 43 | | | |
| | | | | |
| | | ſ | Yes | No |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form | 990 must be | | 1 | |
| completed instead of Form 990-EZ | | 44a | ļ | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Fo | orm 990 must be | | | |
| completed instead of Form 990-EZ | | 44b | | X |
| c Did the organization receive any payments for indoor tanning services during the year? | · | 44c | ┼ | X |
| d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If | "No," provide an | | 1 | + |
| explanation in Schedule O | | 44d |)O E | 1 |

| Form 990 | D-EZ (2010) . TEAM IOWA PAC | 26 | -3221550 | | | P | age 4 |
|----------------------------|--|---------------------------------------|------------------------|---|-------------|-------------------|----------|
| | • | | | | | Yes | No |
| | any related organization a controlled entity of the organization within the me | | | | 45 | | X |
| | the organization receive any payment from or engage in any transaction w | | • | | | | Ė |
| | eaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need | to be completed in | nstead of | | 45- | - | x |
| | rm 990-EZ (see instructions) I the orgaлization engage, directly or indirectly, in political campaign activiti | babail of or . | | | 45a | , | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | es on benan or or i | n opposition | | 46 | x | İ |
| Part V | |)(1) nonexemp | t charitable tr | usts only. All se | | | |
| | 501(c)(3) organizations and section 4947(a)(1) nonexempt ch | | | | | | |
| | and 52, and complete the tables for lines 50 and 51. | | • | | | | _ |
| | Check if the organization used Schedule O to respond to any | question in this F | Part VI | | | | |
| | | | | | | Yes | No |
| | the organization engage in lobbying activities? If "Yes," complete Schedul | | _ | | 47 | | |
| | the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," | | | | 48 | | |
| | ithe organization make any transfers to an exempt non-charitable related of Yes," was the related organization a section 527 organization? | organization? | | | 49a 49b | | |
| | mplete this table for the organization's five highest compensated employee | s (other than office | ere directore truste | ees and key | 430 | L | L |
| | ployees) who each received more than \$100,000 of compensation from the | • | | - | | | |
| | (a) Name and address of each employee paid more | (b) Title and average | (c) Compensation | (d) Contributions to | | Expen | |
| | than \$100,000 | hours per week devoted to position | | employee benefit plans & deferred compensation | | count a allowa | |
| | | | | | | | |
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| | | | <u> </u> | 1 | | | |
| | tal number of other employees paid over \$100,000 | | | _ | | | |
| | mplete this table for the organization's five highest compensated independence 20,000 of compensation from the organization. If there is none, enter "None | | each received m | ore than | | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | | Type of service | (c) C | ompen | sation | |
| | | | | | | | |
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| | · · · · · · · · · · · · · · · · · · · | ••• | | | | | |
| d Tot | tal number of other independent contractors each receiving over \$100,000 | , > | | | | | |
| | the organization complete Schedule A? Note : All section 501(c)(3) organi | zations and 4947(a | i)(1) | | _ | | |
| | nexempt charitable trusts must attach a completed Schedule A | | | . • | Yes | | No |
| Under pena true, correc | alties of perjury, I declare that I have examined this return, including accompanying sch ct, and complete Declaration of preparer (other than officer) is based on all information | edules and statement | ts, and to the best of | my knowledge and bel | ief, it is | | |
| | 11 Thomas | | t Z | 1/2012 | | | |
| Sign | Signature of officer. | | Date | 12012 | | | |
| Here | 1 Will Latham | Iveasur | | | | | |
| - | Type or print name and title | | • | | | | _ |
| | Print/Type preparer's name Preparer's signature | | Date | Check X | PTIN | 1 | |
| Paid __ | Deborah A. Kolarich, CPA | . Kola : co | 1 // | self-employe | | 42174 | 16 |
| Prepare | Firm's name Deborah A. Kolarich, CPA | 7 | <i>z</i> | | -12 | | |
| Use Onl | 7 I Mill's address 7 2500 1 OBCOIL MYC | | | | | | |
| | Nashville, TN 37203 | · | | Phone no 615- | | | 88 |
| | IRS discuss this return with the preparer shown above? See instructions | | <u> </u> | | —— | es | No |
| DAA | | | | E | Q(| M-F7 | / (2010 |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

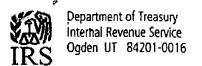
OMB No 1545-0047

2010

| Name of the organization | Employer identification number | | | | | | |
|---|--|--------------------|--|--|--|--|--|
| TEAM IOWA P | PAC | 26-3221550 | | | | | |
| Organization type (chec | k one) | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | X 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | | | | | | | |
| | on is covered by the General Rule or a Special Rule . I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special | al Rule. See | | | | | |
| General Rule | | | | | | | |
| | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in your contributor Complete Parts I and II | n money or | | | | | |
| Special Rules | | | | | | | |
| sections 509(a) | of (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the in (1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contributor or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line | bution of the | | | | | |
| the year, aggreg | 91(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scient poses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. | | | | | | | |
| 990-EZ, or 990-PF), but | n that is not covered by the General Rule and/or the Special Rules does not file Schedu It mus t answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its F, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-E | Form 990-EZ, or on | | | | | |

Employer identification number

TEAM IOWA PAC 26-3221550 Part I Contributors (see instructions) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. 1 Bruce L. Rastetter Person 10640 County Highway D20 Payroll 56,000 Noncash IA 50006 Alden (Complete Part II if there is a noncash contribution) (d) (c) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. 2 Nicholas Ryan Person 400 Locust Street, Ste. 330 Payroll 11,000 Noncash IA 50309 Des Moines (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. 3 Roger C. Underwood Person 801 Dayton Road Payroll 10,000 Noncash IA 50010 Ames (Complete Part II if there is a noncash contribution) (d) (b) (c) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person Payrol! Noncash (Complete Part II if there is a noncash contribution) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Aggregate contributions** Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person Payroll \$. Noncash (Complete Part II if there is a noncash contribution)



Notice CP259H December 31, 2010 Tax period Notice date June 4, 2012 Employer ID number 26-3221550 Page 3 of 4

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0016

RECEIVED ENTITY

JUL 1 9 2012

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»լիալ ((գոլլակինյում)[ՈՄ)-ընդիկուկին կունին ակիրակիան հայասան

Response form

Complete both sides of this form, and send it to us along with your Form 990/990-EZ in the enclosed envelope. Be sure our address shows through the window.

If you are only sending us your completed Response form, you may fax it to us at 1-801-620-3253 (not a toll-free number).

Provide your contact information

If your address has changed, please make the changes below.

TEAM IOWA PA

% JILL LATHA 400 LOCUST ST STE 330

DES MOINES IA 50309-2450

2000 **5**5)

Secondary Phone

Fold here

1. Indicate whether any of the following circumstances apply

to you

If you already filed a Form 990/990EZ

I already filed my tax return for December 31, 2010, and I am enclosing a signed and dated copy of the return (or confirmation of electronic filing) as verification.

Name(s) shown on return

Employer Identification number (EIN) listed on the return is this EIN different from the one on this notice? [] Yes [] No

Form(s) filed

Tax period(s) ending date

Date tax return was filled

If you are filing late

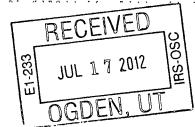
I'm enclosing a signed and dated copy of my December 31, 2010 return (plus any schedules and attachments).

Explain why you are filing late.

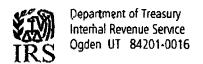
Diganization believed it was under

receipt of this notice. Organization's coursel learned it was 8 600 over the threshold and we prepared the attached

Continued on back...



| | Notice CP259H Tax period December 31, 2010 Notice date June 4, 2012 Employer ID number 26-3/221550 Page 4 of 4 |
|--|--|
| Indicate whether any of the following circumstances apply to you - continued | |
| If you don't think you have to file Form 990 or 990-EZ for December 31, 2010 | Explain why you don't think you are required to file a Form 990 or Form 990-EZ for December 31, 2010. My organization's gross receipts are less than \$25,000. My organization is a Qualified State or Local Political Organization and its gross receipts are less than \$100,000 My organization ceased operations as of:, and filed a Final Form 8871 on (date of filing). Other reason for not filing (explain below; attach additional sheets if necessary) |
| 2. Please sign and send this form to us | Under penalties of perjury, to the best of my knowledge, the information in this form is correct and complete. Signature Title Date |



Notice
Tax period
Notice date
Employer ID number
To contact us
Page 1 of 4

CP259H December 31, 2010 June 4, 2012 26-3221550 Phone 1-877-829-5500

TEAM IOWA PAC % JILL LATHAM 400 LOCUST ST STE 330 DES MOINES IA 50309-2450

028686

Message about your December 31, 2010 Form 990/990-EZ

You didn't file a Form 990/990-EZ

Our records show that you haven't filed your Form 990/990-EZ, Return of Organization Exempt from Income Tax, for the period ending on December 31, 2010.

Unless you already filed a Form 990/990-EZ within the last four weeks, you must complete the Response Form starting on Page 3, and send it to us no later than July 4, 2012.

What you need to do immediately If you already filed Form 990/990-EZ

- If you already filed within the last four weeks using the same name and Employer ID number (EIN) listed above, please disregard this notice.
- If you filed more than four weeks ago or used a different name or EIN, complete the Response form starting on Page 3, and mail it to us with a signed and dated copy of the return in the envelope provided.

If you are required to file Form 990/990-EZ for December 31, 2010 but haven't done so

- If you are required to file or choose to file your Form 990/990-EZ electronically, use
 your effile provider to submit Form 990/990-EZ and any required schedules. You
 must also complete the Response form starting on Page 3 and fax it to us at
 1-801-620-3253 (not a toll-free number).
- If you are not required to file electronically and want to file a paper return, complete
 and sign Form 990/990-EZ, any required schedules, and the Response form starting
 on Page 3. Mail us the forms in the envelope provided.
- If you file your return late, we will charge a penalty

If you don't think you have to file Form 990/990-EZ for December 31, 2010 Complete the Response form starting on Page 3 to indicate whether any of the circumstances apply to you. Mail us the form in the envelope provided.

If we don't hear from you

- Because you have tax-exempt status, you must file Form 990/990-EZ. If you fail to meet your annual filing requirements for three consecutive years, you will lose your tax-exempt status.
- If you lose your tax-exempt status, you may apply for tax-exempt status by filing the appropriate application Form 1023 or Form 1024 and paying the user fee.
 - 501(c)(3) organizations complete an Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code (Form 1023).

Continued on back

| Notice | CP259H |
|--------------------|-------------------|
| Tax period | December 31, 2010 |
| Notice date | June 4, 2012 |
| Employer ID number | 26-3221550 |
| Page 2 of 4 | |

If we don't hear from you - continued

- 501(a) organizations complete an Application for Recognition of Exemption Under Section 501(a) (Form 1024) and User Fee for Exempt Organization Determination Letter Request (Form 8718).
- If you were previously eligible to receive tax-deductible contributions and you lose
 your tax-exempt status, you will be removed from our list of organizations eligible to
 receive tax-deductible charitable contributions. See: Cumulative List of
 Organizations described in Section 170 (c) of the Internal Revenue Code of 1986
 (Publication 78)

Important reminders

You may be required to file electropically

Typically, you must file electronically if you had \$10 million or more in assets and you file at least 250 returns (such as income, excise, employment tax, and information returns like W-2s and Forms 1099) in a calendar year.

For more information on electrodic filing requirements, visit www irs.gov/efile and search for Charities and Non-Profits.

Additional information

- Visit www irs.gov/cp289h.
- For tax forms, Instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676)
- Keep this notice for your records

If you need assistance, please don't hesitate to contact us

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campalgn Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, Ilne 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations. Complete Part III

| Nar | ne of organization | | | Employer identifi | |
|----------|---|--|-----------------------|--|---|
| | TEAM IOWA PAC | | | 26-32215 | |
| Par | ti-A Complete if the organization is exem | ······································ | | 527 organizatio | <u>n</u> |
| 1 | Provide a description of the organization's direct and indire | ct political campaign activities | n Part IV. | | 100 541 |
| 2 | Political expenditures | | | , ▶\$ | -100,541 |
| 3 | Volunteer hours | | • • • • | · · · · - · | |
| Pai | t 🕾 Complete if the organization is exem | pt under section 501(c) | (3). | | |
| 1 | Enter the amount of any excise tax incurred by the organization | ation under section 4955 | | ▶\$ | |
| 2 | Enter the amount of any excise tax incurred by organization | n managers under section 495 | 5 | ▶\$ | |
| 3 | If the organization incurred a section 4955 tax, did it file Fo | rm 4720 for this year? | | • | Yes No |
| 4a | Was a correction made? | | | • | Yes No |
| <u>b</u> | If "Yes," describe in Part IV | | | | |
| Pa | t I-C Complete if the organization is exem | pt under section 501(c | , except section | 1 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organization | on for section 527 exempt func | tion | | |
| | activities | • | | ▶\$ | |
| 2 | Enter the amount of the filing organization's funds contribu | ted to other organizations for s | ection | | |
| | 527 exempt function activities | | | ▶ \$ | |
| 3 | Total exempt function expenditures Add lines 1 and 2 Ent | ter here and on Form 1120-PO | L, | | |
| | line 17b | | | ▶ \$ | - = |
| 4 | Did the filing organization file Form 1120-POL for this year | ? | | | Yes No |
| 5 | Enter the names, addresses and employer identification no | | | | |
| | organization made payments. For each organization listed | | | | |
| | the amount of political contributions received that were pro- | | | | |
| | as a separate segregated fund or a political action commit | tee (PAC) If additional space is | s needed, provide inf | ormation in Part IV. | |
| | (a) Name | (b) Address | (c) EIN | d) Amount paid from | (e) Amount of political |
| | | | 4,, | filing organization's nds if none, enter -0- | contributions received and promptly and directly |
| | | İ | " | nds in none, onter -o- | delivered to a separate |
| | | | | | political organization if none, enter -0- |
| (1) | | | | | tione, energy |
| | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

| chedule C (Form 990 or 990-EZ) 2010 TEA | M IOWA PAC | : | | | 26-3221 | 550 r | Page 2 |
|--|-------------------------|--|----------------|--------------|------------------------------|-----------------------------|---------------|
| Part II-A Complete if the organiz | 01(c)(3) and | d filed F | orm 5768 (el | ection under | | | |
| section 501(h)). | | • | (-)(-) | | • | | |
| Check ► ☐ if the filing organization | ion belongs to a | n affiliated group | | | | | |
| B Check ▶ if the filing organizati | | | | isions ap | ply. | | |
| | bying Expendit | ures | | (a | n) Filing cation's totals | (b) Affiliated group totals | |
| 1a Total lobbying expenditures to influence pu | iblic opinion (grass re | oots lobbying) | | | | | |
| b Total lobbying expenditures to influence a | | | . [| | | | |
| c Total lobbying expenditures (add lines 1a a | | | . [| | | · | |
| d Other exempt purpose expenditures | · • | • | · | | | | |
| e Total exempt purpose expenditures (add li | nes 1c and 1d) | | . [| | | | |
| f Lobbying nontaxable amount Enter the an | • | ring table in both | · | | | | |
| columns | | | | | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nonta | exable amount is: | | | | | |
| Not over \$500,000 | 20% of the amount of | n line 1e | | | | 100 | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% o | f the excess over \$500,00 | 00 | , s | 5. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% o | f the excess over \$1,000 | 000 | , | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of | the excess over \$1,500,0 | 00 | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | |
| g Grassroots nontaxable amount (enter 25% | of line 1f) | | | | | | |
| h Subtract line 1g from line 1a. If zero or les | s, enter -0- | | | | | | |
| I Subtract line 1f from line 1c. If zero or less | , enter -0- | | | L | | | |
| j If there is an amount other than zero on er | ther line 1h or line 1i | , did the organization | file Form 4720 | | | | |
| reporting section 4911 tax for this year? | | | | | <u> </u> | Yes | No |
| (Some organizations tha | it made a sectio | ng Period Under n 501(h) electior tructions for line | do not hav | ve to co | mplete all of page 4.) | the five | |
| Lobb | ying Expenditu | res During 4-Yea | ar Averagin | g Perioc | | | |
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 200 | | (d) 2010 | (e) Tota | ıl |
| l l | | I | 1 | 1 | | 1 | |

Calendar year (or fiscal year beginning in)

(a) 2007
(b) 2008
(c) 2009
(d) 2010
(e) Total

2a Lobbying nontaxable amount
(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

| | (election under section 501(h)). | (a) | | (a) (b) | | | |
|-----|---|------------------|--------------|-----------------|-------------|----------|-----|
| | | Yes | No | , | Amo | ınt | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local | | | , | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | 1 | | | |
| | referendum, through the use of | | | | | | |
| а | Volunteers? | | | ` . | ; | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | ; | ٠. | , | |
| С | Media advertisements? | | | | | | |
| d | Mailings to members, legislators, or the public? | <u> </u> | | | | | |
| е | Publications, or published or broadcast statements? | | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | <u></u> | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | L | | | | | |
| i | Other activities? If "Yes," describe in Part IV | | | | | | |
| j | Total Add lines 1c through 1 | | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | ļ | ļ | ` | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | Ī | | | |
| Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section 501 | c)(5), | or s | ection | | | |
| | 501(c)(6). | | | | | T., | |
| | | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | ļ | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 4 | 3 | ļ | Ļ |
| Pa | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, | c)(5), line 3 | or s is a | ection nswer | ed | | |
| | "Yes." | | | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | <u> </u> | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not Include amounts of political | |] | | | | |
| | expenses for which the section 527(f) tax was paid). | | ' . | | | | |
| а | Current year | | 2a | | | | |
| b | Carryover from last year | | 2b | | | | |
| С | Total | | 2c | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | ļ | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | 1 | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | | 1 | | | |
| | and political expenditure next year? | | 4 | <u> </u> | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | <u> </u> | | | |
| Pa | t IV Supplemental Information | | | | | | |
| Com | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-E | , line 1 | i. Also | , | | | |
| com | plete this part for any additional information. | | | | | | |
| | | | | | | | |
| S | chedule C, Part I-A, Line 1 | | | | | | |
| | | | | | | | |
| I | nfluencing or attempting to influence the selection, no | mina | atio | on, | el e | cti | on, |
| | | | | | | | |
| 0 | r appointment of any individual to a federal, stte or l | oac: | Loi | fic | e, (| oŗ . | |
| | | | | • | • | | |
| o | ffice in a political organization. | | | | | | |
| | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEAM IOWA PAC

Employer identification number 26-3221550

| Form 990-EZ, Part I, Line 16 - Other Expenses | | | | | | | |
|---|-------|--------------|--------|--|--|--|--|
| Description | | | Amount | | | | |
| Expenses | | | | | | | |
| Telephone Calls | | \$ | 250 | | | | |
| Magazine Advertising | | \$ | 350 | | | | |
| Office Supplies & Expense | | \$ | 13 | | | | |
| Events/Meetings | | \$ | 1,991 | | | | |
| Interest Expense | | \$ | 8 | | | | |
| Political Candidates/Orgs | | \$., | 83,250 | | | | |
| Fees | | \$ | 252 | | | | |
| Survey Research | | \$ | 6,000 | | | | |
| List Rental | | \$ | 400 | | | | |
| | Total | | 92,514 | | | | |

Form 990-EZ, Part III - Primary Exempt Purpose

To function as a political action committee and engage in all legal
activities in the state of Iowa.

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.